

Client Request Form for Visitation/Access Mediation

Date:_____

Requestor's Information

Name : _____
(Last, First)

Address:

Phone: _____

Availability:

_____AM/PM

Child(ren)'s

Name: _____

Other Parent's Information

Name: _____
(Last, First)

Address:

Phone: _____

Availability:

_____AM/PM

**NOTE: Please return this form to Visitation/Access Mediation
Attention Ga-Nesha Hamilton by mail, fax: 366-2323 or email
visitation@co.clark.nv.us**

**District Attorney Family Support Division
Visitation/Access Mediation (GYH)
1900 E. Flamingo Road, Ste 100
Las Vegas, NV 89119
(702) 671-9650**